



CARROLL COUNTY SHERIFF'S OFFICE
301 N. Main St. Mt. Carroll, IL 61053
Sheriff Ryan Kloepping

SECURITY CHECK REQUEST

OFFICE USE ONLY

Address: _____

Property Owner: _____ **Phone:** _____

Type of Premise: ☐Residence ☐Business ☐Other: _____

Are you leaving any lights on? ☐Yes ☐No **Describe:** _____

PHONE NUMBERS OF CONTACT PERSON/KEYHOLDER:

NAME: _____ **PHONE #:** _____

NAME: _____ **PHONE #:** _____

NAME: _____ **PHONE #:** _____

NAME: _____ **PHONE #:** _____

NAME: _____ **PHONE #:** _____

THE CARROLL COUNTY SHERIFF'S OFFICE WILL NOT BE A KEYHOLDER

Will anyone have access to premises during absence? ☐Yes ☐No

If yes, provide names: _____

Departure Date: _____ **Return Date:** _____

I request a security check be made of my premises and agree to notify you of my return:

Signed: _____ **Date:** _____

Please complete this form electronically by filling out the necessary fields, or print your information legibly. Completed forms can be dropped off in-person at the Carroll County Sheriff's Office, located at 301 N. Main St. Mount Carroll, IL 61053, or sent by email to ccsodispatch911@gmail.com